

2011 Alaska **Operator License** Application

GAMES OF CHANCE AND CONTESTS OF SKILL

847

Operator Information

Federal EIN or Social Security number		If renewing, license #		Operator is <input type="checkbox"/> Individual <input type="checkbox"/> Municipality (permit #) <input type="checkbox"/> Permittee (permit #)	
Operator first name	MI	Operator last name			AK business license #
Business name					Contact person
Mailing address					Contact person phone number
City	State	Zip + 4		Contact person mobile number	
Daytime phone number	Fax number	Mobile number		Contact person email	

Location(s) of Activity

You must provide proof of liability insurance for each location. If more than eight locations, attach a separate sheet.

Facility name	Physical address	City	Zip + 4	Game type(s)
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Legal Questions

These questions must be answered. If you answer Yes to either question, see instructions.

- ☐ Yes ☐ No Do you (the operator) or any member of management or any person who is responsible for gaming activities ever been convicted of a felony, extortion, or a violation of a law or ordinance of this state or another jurisdiction that is a crime involving theft or dishonesty or a violation of gambling laws?
- ☐ Yes ☐ No Do you (the operator) or any member of management or any person who is responsible for gaming activities have a prohibited conflict of interest as defined by 15 AAC 160.954?

I declare under penalty of unsworn falsification that I have examined this application, including any attachments, and that, to the best of my knowledge and belief, it is true and complete. I understand that any false statement made on the application or any attachment is punishable by law. With my signature below I agree to allow the Department of Revenue to review any criminal history I may have in accordance with 15 AAC 160.934.

Operator signature	Printed name	Date
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License Fee is \$500

One copy of the application must be sent to each applicable municipality and borough. See instructions for mandatory attachments.

Pay online with OTIS at www.tax.alaska.gov or make check payable to State of Alaska. New applicants must pay by check.

Mail to **Alaska Department of Revenue - Tax Division**
 PO Box 110420 • Juneau, AK 99811-0420
www.tax.alaska.gov/gaming
 Phone: (907)465-2320 • Fax: (907)465-3098

Department only
Validation #
Date stamp

Operator name	License #	2011 ALASKA OPERATOR LICENSE APPLICATION
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Contracted Permittees

List permittees for whom you will conduct gaming activities. If more than 10 permittees, attach a separate sheet.

Permit #	Name of organization	Game type(s)
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Managers & Supervisors

Provide the required information for each person who manages or supervises any of the licensed gaming activities as defined in AS 05.15.122. If more than four managers and supervisors, attach a separate sheet.

Employee first name	MI	Last name	Social Security number
Home mailing address			Home phone number
City	State	Zip + 4	Position title

Employee first name	MI	Last name	Social Security number
Home mailing address			Home phone number
City	State	Zip + 4	Position title

Employee first name	MI	Last name	Social Security number
Home mailing address			Home phone number
City	State	Zip + 4	Position title

Employee first name	MI	Last name	Social Security number
Home mailing address			Home phone number
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